



MEDI-CAL UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

www.medi-cal.ca.gov

Pharmacy Bulletin 615

September 2005

Contents

Medi-Cal List of Contract Drugs	1
Diabetic Medical Supplies Addition	3
Intermittent Catheters with Attached Collection Bags Reimbursement Change.....	3
Incontinence Medical Supplies Updates	4
Provider Billing for Palivizumab (Synagis)	4
Code I Documentation Requirements Reminder	5

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications*.

Addition, effective October 1, 2005

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
<u>NAFTIFINE HCL</u>		
<u>Topical Cream</u>	<u>1 %</u>	<u>15 Gm</u>
		<u>30 Gm</u>
		<u>60 Gm</u>
<u>Topical Gel</u>	<u>1 %</u>	<u>20 Gm</u>
		<u>40 Gm</u>
		<u>60 Gm</u>

Changes, effective October 1, 2005

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
LAMIVUDIN		
* <u>Tablets</u>	<u>100 mg</u>	<u>ea</u>
* <u>Restricted to use for the treatment of chronic Hepatitis B virus infection.</u>		
‡ * Tablets	150 mg	ea
	300 mg	ea
‡ * Liquid	10 mg/cc	cc
* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.		

Please see **Contract Drugs**, page 3

EDS/MEDI-CAL HOTLINES

Telephone Service Center (TSC)	1-800-541-5555
DHS Medi-Cal Fraud Hotline.....	1-800-822-6222
Border Providers	(916) 636-1200
Provider Telecommunications Network (PTN).....	1-800-786-4346

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD IS AGAINST THE LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.

DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (*continued*)**Changes, effective November 1, 2005**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* CIPROFLOXACIN		
Suspension, oral	5 %	cc
	10 %	cc
* Restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older; 2) osteomyelitis; and 3) pulmonary exacerbation of cystic fibrosis.		
(NDC labeler code 00026 [Bayer Corporation Pharmaceutical Division] <u>00085 [Schering Corporation]</u> only.)		
PRAMIPEXOLE		
DIHYDROCHLORIDE		
Tablets	0.125 mg	ea
	0.25 mg	ea
	0.5 mg	ea
	1.0 mg	ea
	1.5 mg	ea
<u>(NDC labeler code 00597 [Boehringer Ingelheim Pharmaceuticals] only.)</u>		

These updates are reflected on manual replacement pages drugs cdl p1a 29 (Part 2), drugs cdl p1b 35 (Part 2) and drugs cdl p1c 1 and 24 (Part 2).

Diabetic Medical Supplies Addition

Effective for dates of service on or after September 1, 2005, the following Roche Diagnostics Corporation-contracted diabetic supplies have been added to the *Medical Supplies List* section.

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity in Total Number of</u>
Accu-Chek Aviva (50 count)	65702-0103-10	Strip
Accu-Chek Aviva (100 count)	65702-0104-10	Strip
Accu-Chek Multiclix (102 count)	50924-0450-01	Lancet

These products are reimbursable to Pharmacy providers only, and must be billed using the Point of Service (POS) network, Computer Media Claims (CMC) or by paper.

This information is reflected on manual replacement page mc sup lst1 21 (Part 2).

Intermittent Catheters with Attached Collection Bags Reimbursement Change

The following manufacturers have been added to the *Medical Supplies: Manufacturer Billing Codes* section. Effective for dates of service on or after October 1, 2005, intermittent catheters with attached collection bags by this manufacturer (billing code 9943N) is a Medi-Cal benefit.

<u>Manufacturer Billing Code</u>	<u>Manufacturer Name</u>
1G	Apogee Medical, Inc.
2D	Go Medical (USA) Inc.

This information is reflected on manual replacement pages mc sup man cd 2 and 4 (Part 2).

Incontinence Medical Supplies Updates

Effective for dates of service on or after January 1, 2006, the list of adult briefs reimbursed by Medi-Cal is updated to reflect new contracts with manufacturers of incontinence supplies. Some of the products from the current incontinence medical supplies list have been carried over to the new list. However, these products have new reimbursement rates, and most have new billing codes. Providers may purchase products from the new list beginning October 1, 2005, but may not bill Medi-Cal for these products before January 1, 2006.

Reimbursement for adult briefs on the current incontinence supplies list will continue at the current rate for dates of service on or before December 31, 2005. However, products not included in the new list will no longer be Medi-Cal benefits beginning January 1, 2006.

Also effective January 1, 2006, providers are limited to dispensing a maximum quantity limit of 180 disposable adult briefs in any 30-day period, per recipient, without prior authorization. This billing limitation is in addition to the existing \$165 limit per month, per recipient, for all incontinence supplies.

Note: Providers risk claim denial if they dispense products appearing on the new list before January 1, 2006. The Department of Health Services will allow additional sizes of disposable adult briefs that are not included in the contracts to be billed to Medi-Cal, with a *Treatment Authorization Request* (TAR), using a new miscellaneous incontinence billing code of 9999B.

Providers should retain the replaced manual pages from the *Incontinence Medical Supplies Product List* section as reference for submitting claims with dates of service on or before December 31st.

This information is reflected on manual replacement pages incont ap 2 (Part 2) and incont lst 2 thru 15 (Part 2).

Provider Billing for Palivizumab (Synagis)

In order to assure continued timely access to Palivizumab (Synagis) during the upcoming flu season, the Department of Health Services is continuing the emergency action implemented October 1, 2004.

Providers that meet the following criteria may bill for Synagis 50 mg (X7441) and Synagis 100 mg (X7439) on the HCFA 1500 claim form.

- The provider operates an ambulatory infusion suite whereby Synagis is administered pursuant to the provisions of *Business and Professions Code* (B & P Code), Section 4052(a)(5)(A), or
- The provider, under an arrangement with a licensed Home Health Agency (HHA), dispenses Synagis in accordance to the provisions of the B & P Code Section 4051 either directly to the caregiver or the HHA for administration by the HHA at the patient's place of residence, provided that the HHA is not separately billing Medi-Cal for a skilled nursing visit under HCPCS code Z6900.

Providers that dispense Synagis in accordance to the provisions of B & P Code Section 4051 directly to a HHA, physician's office or clinic for administration, whereby the HHA, physician's office or clinic separately bills Medi-Cal for the administration of Synagis, will bill Medi-Cal through the CAL-POS online system, CMC or paper using the drug's NDC.

All claims will require an approved *Treatment Authorization Request* (TAR).

- Providers who meet the criteria to bill Synagis using X-codes must submit TARs to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.
- Providers who meet the criteria to bill Synagis using the drug's NDC must submit TARs to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.

Physician providers billing for Synagis using CPT-4 Code 90378 must continue to submit TARs to the Los Angeles Medi-Cal Field Office by fax line at 1-866-816-4377.

Code I Documentation Requirements Reminder

In accordance with the *California Code of Regulations* (CCR), Title 22, Section 51003, Code I drugs marked with an asterisk (*) in the Contract Drugs List (CDL) sections of the provider manual require prior authorization unless used under the conditions specified in the CDL. These prescriptions are subject to the prescription documentation requirements in CCR, Title 22, Section 51476(c).

As stated in CCR, Title 22, Section 51476(c):

Records of providers shall document the meeting of Code I restrictions for medical supplies listed in Section 59998 and for drugs listed in the *Medi-Cal List of Contract Drugs* as follows:

1. The practitioner who issues a prescription for a Code I supply or drug shall document, in the patient's chart, the patient's diagnostic or clinical condition that fulfills the Code I restriction.
2. The dispenser shall maintain readily retrievable documentation of the patient's diagnostic or clinical condition that fulfills the Code I restriction. If this Code I diagnostic or clinical condition information is transmitted to the dispenser other than by personal handwritten order from the prescriber, the dispenser shall document the transmittal date and the name of prescriber or the employee or agent who is legally authorized to transmit such information. The dispenser shall personally sign the documentation.

Providers should be aware that submitting a claim that indicates the product is used under the conditions specified in the CDL without the required documentation shall be considered a false claim submission. *Welfare and Institutions Code* (W & I Code), Sections 14124.2 and 14107 – 14107.11 allow for the Department of Health Services to audit providers and collect overpayments or withhold payments in the event of false claims.

